

I. Participant Centered Service Plan Development

- a. **Responsibility for Service Plan Development.** Specify who is responsible for the development of the service plan and the qualifications of these individuals (*check each that applies*):

<input checked="" type="checkbox"/>	Registered nurse, licensed to practice in the State
<input type="checkbox"/>	Licensed practical or vocational nurse, acting within the scope of practice under State law
<input type="checkbox"/>	Licensed physician (M.D. or D.O)
<input checked="" type="checkbox"/>	Case Manager. <i>Specify qualifications:</i>
	The case manager shall be a RN, LPN with two years experience working with individuals with disabilities, a qualified social worker or at a minimum, the case manager shall have a bachelor's degree in human services and work under the supervision of a MSW. The provider must agree to a criminal background check.
<input checked="" type="checkbox"/>	Social Worker. <i>Specify qualifications:</i>
	The case manager shall be a RN, LPN with two years experience working with individuals with disabilities, a qualified social worker or at a minimum, the case manager shall have a bachelor's degree in human services and work under the supervision of a MSW. The provider must agree to a criminal background check.
<input checked="" type="checkbox"/>	Other (<i>specify the individuals and their qualifications</i>):
	When transitioning through Kentucky Transitions, the Regional Transition Teams – composed of a Registered Nurse and a Social Worker

- b. **Service Plan Development Safeguards.** *Select one:*

<input checked="" type="radio"/>	Entities and/or individuals that have responsibility for service plan development <i>may not provide</i> other services to the participant.
<input type="radio"/>	Entities and/or individuals that have responsibility for service plan development <i>may provide</i> other direct services to the participant. The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. <i>Specify.</i>

- c. **Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

The participant, guardian, representative, family members and other individuals of the participant's choosing will be trained in person-centered planning and self determination to provide them with information and resources on participating in the development of the plan of care. The regional transition team will have conducted an assessment to gather comprehensive information regarding the participant's health care needs, community based needs and existing support systems and will coordinate development of the plan of care. The participant has the right to determine who will participate in the development of the plan of care.

- d. **Service Plan Development Process** In three pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how the *Kentucky Transitions* demonstration and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; (g) assurance that the participant or representative receives a copy of the plan. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Services to those transitioning through the *Kentucky Transitions* Program will be provided through a Demonstration Services Array which includes services provided in the existing 1915 (c) waivers. The waivers include the option to self direct some or all of the participant's non-medical, non-residential services through the Consumer Directed Option (CDO) program. This option will be available to those transitioning through Kentucky Transitions. Once the participant indicates a desire to transition, the Regional Transition Team will meet with the participant, legal guardian and any others the participant designates to be included to educate the participant on *Kentucky Transitions*, verify the participant's wish to begin the transition process and perform a Screening for appropriateness for transition. Once this has been completed, the Regional Transition Team will conduct a comprehensive assessment that will identify information on the participant's health care needs, community based needs (including housing) as well as identification of existing support systems. This assessment will be used by the Transition Team to coordinate the development of the Transition Plan. The participant will choose who will participate with them in the development of the Transition Plan. The development of the Transition Plan is based on the principles of person-centered planning. The Transition Team, the participant and others chosen by the participant will work together to identify needed services in accordance with the preferences and desired outcomes of the participant. The Transition Plan will identify each service that is necessary to enable the participant to transition to and remain in the community. Information on provider choice including the option to self direct some or all of the identified non-medical waiver non residential services through the CDO program will be provided during development of the Transition Plan. If the participant elects to self direct some or all of those services, the Transition Team will assist in obtaining a budget and developing a plan within the Transition Plan for the services that will be self directed. The CDO portion of the transition plan will be developed based on the budget. The CDO budget will be based on the projected cost of those services for a year if provided by Traditional Waiver Service providers, less 5%. The Transition Team will assist the participant in identifying and hiring staff, securing training for the staff and negotiating with potential staff regarding the services they will need. The CDO Plan will include information on the frequency and duration of the provision of these services and will include a

comprehensive emergency back-up plan. Prior to transition, the Transition Team will be responsible for obtaining prior authorization of all services, including the CDO services. The Transition Team will coordinate the provision of waiver services provided by Traditional providers and services provided by the participant's employees during and after transition. For the six months after transition into the community, the Transition Team will act as the participant's Support Broker, supporting the participant in directing those services. During that fourth month after transition, the Transition Team will assist the participant in locating and choosing a Support Broker through the Regional Area Agency on Aging (AAA) so that after six months in the community, this function can be transitioned to the CDO Support Broker. The Transition Team make weekly contact with the participant with one on-site visit a month to ensure that the Transition Plan including the CDO plan is being followed and determine if any changes to the Transition Plan are needed.

- e. **Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

The assessment will identify the participant's individual health care needs and all supports needed in order for them to safely transition to and remain in the community. The CDO program only allows self-direction of non-medical, non residential services, including personal care, homemaking, respite and Attendant Care. The participant's Transition Plan will address the participant's individual needs and how those needs will be met through Traditional services and through CDO. The Transition Plan will include a comprehensive emergency backup plan identifying arrangements for the provision of services in the absence of critical planned services and supports. The participant can choose to stop self directing and begin receiving services at any time. The Transition Team or the Support Broker (as appropriate) will coordinate with the participant and providers to ensure that there is smooth transition from CDO to Traditional Services with no break in service. If the participant is unable to safely self direct their services or manage their services within the approved budget and care plan, the Transition Team or Support Broker will work with the participant to develop a corrective action plan and assist with implementation of that plan. If the participant continues to be unable to manage their services/budget, they will be involuntarily terminated from CDO and transitioned back into Traditional service provision. Again, the Transition Team or the Support Broker (as appropriate) will coordinate with the participant and providers to ensure that there is smooth transition from CDO to Traditional Services with no break in service. If at any time, there is indication that the participant's safety and welfare are in jeopardy, the Transition Team or the Support Broker will immediately become involved and facilitate the immediate transition from CDO to Traditional Service Provision.

- f. **Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the services in the service plan.

Information on provider choice, including the option to self direct some or all of their identified non-medical waiver non residential services through the CDO program will be provided during development of the Transition Plan. If the participant elects to self direct some or all of those services, the Transition Team will assist the participant in obtaining a budget and in developing a CDO plan within the Transition Plan for the

services that can be self directed..The Transition Team will assist participants in locating and recruiting employees, including friends and family. Each potential employee will consent to a Kentucky Nurse Aid Abuse Registry, Central Registry and criminal background check. The employee has to be someone who has not be convicted of a felony or sex crime or violent crime as defined in KRS 1:165 (1) through (3), over 18 years of age; completed training on the reporting of abuse, neglect or exploitation in accordance with KRS 209.030 or KRS 620.030 and on the needs of the participants. Employees must be selected by the consumer, be at least 18 years old, able understand and carry out instructions, be a citizen of the United States with a valid Social Security number or if not a citizen of the United States, must possess a valid work permit.

- g. **Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency or other agency operating the *Kentucky Transitions* demonstration project:

Prior to transition, the Regional Transition Team will submit the completed MAP-350 and MAP-109, to the State Transition Team for approval of services.

- h. **Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for the duration of time that the state is operating the Money Follows the Person project plus one year. For example, if the state enrolls individuals into the *Kentucky Transitions* program for three years, the state must retain all service plans for four years time (the three years of the demonstration plus one additional year.) Service plans are maintained by the following (*check each that applies*):

<input checked="" type="checkbox"/>	Medicaid agency
<input checked="" type="checkbox"/>	Operating agency
<input checked="" type="checkbox"/>	Case manager
<input type="checkbox"/>	Other (<i>specify</i>):

II. Service Plan Implementation and Monitoring

- a. **Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

The Regional Transition Team will be responsible for monitoring the implementation of the CDO plan as part of the implementation of the overall Transition Plan prior to and during the first six months of Transition. During the first six months after transition, the Regional Transition Team will make weekly contact with the participant. During that contact, the Regional Transition Team will ensure that the CDO plan is being followed and determine if any changes to the plan are needed based on participant health and welfare. At six months, the CDO plan will be transitioned to the Support Broker who will make monthly face-to-face visits. During the remainder of the first year in the community, the Regional Transition Team will continue to make monthly contacts to ensure that all services included in the Transition Plan, including those which are being self directed, are continuing and that no modification of the Transition Plan is needed. After the first year, the Department for Aging and Independent Living will complete second-level monitoring reviews of the Support Brokers to ensure the CDO plan of care and approved authorizations are being followed. The Department for Aging and Independent Living will complete these second-level reviews at a minimum every 6 months or more often as determined necessary.

- b. **Monitoring Safeguards.** *Select one:*

<input checked="checked" type="checkbox"/>	Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare <i>may not provide</i> other direct waiver services to the participant.
<input type="radio"/>	Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare <i>may provide</i> other direct waiver services to the participant. The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. <i>Specify:</i>

III. Overview of Self-Direction

- a. **Description of Self-Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the demonstration, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the demonstration's approach to participant direction.

Participants transitioning into the community through *Kentucky Transitions* will be afforded the opportunity to self direct utilizing the existing Consumer Directed Option (CDO) available through all of the 1915 (c) waivers. Participants choosing to direct their services through CDO will be able to direct non-medical, non-residential demonstration services such personal care, homemaking, attendant care and respite. The participant will have the flexibility to choose who will provide those services and control when and how their services are

provided. Participants will also be able to direct their purchase of goods and services. Goods and services must be individualized and may be utilized to reduce the need for personal care or enhance the independence within the home or community of the program participant. All items purchased within the individual's budget and must be prior authorized and included in the CDO portion of the Transition Plan. As a Medicaid funded service, this definition does not cover experimental goods and services inclusive if items which may be defined as restrictive under G.S. 122C-60.

The participant will be given a budget based on the projected costs of services if provided by a Traditional Waiver Provider minus 5%. The participant will be informed of their right to choose their providers and their right to choose CDO during development of the Transition Plan. The Regional Transition Team will assist in development of the CDO portion of the Transition Plan and will assist the participant in locating and recruiting employees. The participant will be trained in interviewing, screening, hiring, firing, supervising and documentation of service provisions including proper timesheets and service logs. The Regional Transition Team will coordinate implementation of the Transition Plan including the CDO plan. The Regional Transition Team will closely monitor provision of CDO services during the first six months to ensure that the CDO plan is followed. During the fourth month of the Demonstration Period, the Regional Transition Team will assist the participant in selecting a Support Broker from the local Area Agency on Aging. The Regional Transition Team will work with the Support Broker to transition the Case Management to the Support Broker after six months. Participant direction is seen as an integral tool in the transition of participants from facilities to the community. The ability to choose one's own providers will have a positive effect on the person's ability to remain in the community and will broaden provider availability, especially in rural areas.

- b. **Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the demonstration. *Select one:*

<input checked="" type="checkbox"/>	Participant – Employer Authority. As specified in <i>Appendix E-2, Item a</i> , the participant (or the participant's representative) has decision-making authority over workers who provide demonstration services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
<input type="checkbox"/>	Participant – Budget Authority. As specified in <i>Appendix E-2, Item b</i> , the participant (or the participant's representative) has decision-making authority over a budget for demonstration services. Supports and protections are available for participants who have authority over a budget.
<input type="checkbox"/>	Both Authorities. The demonstration provides for both participant direction opportunities as specified in <i>Appendix E-2</i> . Supports and protections are available for participants who exercise these authorities.

- c. **Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

<input checked="" type="checkbox"/>	Participant direction opportunities are available to participants who live in their own private residence (whether owned or leased) or the home of a family member.
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<input type="radio"/>	Participant direction opportunities are available to individuals who reside in other community-based living arrangements where services (regardless of funding source) are furnished to four or fewer persons unrelated to the proprietor.
<input checked="" type="checkbox"/>	The participant direction opportunities are available to persons residing in a leased apartment, with lockable access and egress, and which includes living, sleeping, bathing and cooking areas over which the individual or individual's family has domain and control.

- d. **Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

<input type="radio"/>	The demonstration is designed to afford every participant (or the participant's representative) the opportunity to elect to direct demonstration services. Alternate service delivery methods are available for participants who decide not to direct their services.
<input checked="" type="checkbox"/>	The demonstration is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria. <i>Specify the criteria:</i>
	Participants are able to direct their non-medical, non-residential services. Participation in CDO can not jeopardize the health, safety or welfare of the participant or staff.

- e. **Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

The Regional Transition Team will provide each participant, at the time they choose to self direct, a consumer handbook that describes orientation to the program, the philosophy/guiding principles of self direction, participation requirements, how to manage the individual budget, role and responsibilities, billing and scheduling, how to recruit, hire, supervise and fire employees, training necessary to support the individual while providing direct care, how to deal with quality of care problems, and how to identify and deal with abuse, neglect and exploitation.

- f. **Participant Direction by a Representative.** Specify the State's policy concerning the direction of demonstration services by a representative (*select one*):

<input type="radio"/>	The State does not provide for the direction of demonstration services by a representative.
<input checked="" type="checkbox"/>	The State provides for the direction of demonstration services by a representative. Specify the

	representatives who may direct demonstration services: <i>(check each that applies):</i>	
	<input type="checkbox"/>	Demonstration services may be directed by a legal representative of the participant.
	<input checked="" type="checkbox"/>	Demonstration services may be directed by a non-legal representative freely chosen by an adult participant. Specify the policies that apply regarding the direction of demonstration services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:
		The representative shall be chosen by the participant. The representative must be 21 years of age; may not be paid for direct services; and must be able to represent the desires of the participant.

- g. **Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each demonstration service. *(Check the opportunity or opportunities available for each service):*

Participant-Directed Demonstration Service	Employer Authority	Budget Authority
Home and Community Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adult Day Social	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Respite	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community Living Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adult Day Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Goods and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- h. **Financial Management Services.** Generally, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the demonstration participant. *Select one:*

<input checked="" type="checkbox"/>	Yes. Financial Management Services are furnished through a third party entity. <i>(Complete item E-1-i). Specify whether governmental and/or private entities furnish these services. Check each that applies:</i>
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<input type="checkbox"/>	Governmental entities
<input checked="" type="checkbox"/>	Private entities
<input type="radio"/>	No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used. <i>Do not complete Item E-1-i.</i>

- i. **Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a demonstration service or as an administrative activity. *Select one:*

<input type="radio"/>	FMS are covered as a Demonstration service	Fill out i. through iv. below:	
<input checked="" type="checkbox"/>	FMS are provided as an administrative activity. Fill out i. through iv. below:		
	i.	Types of Entities: Specify the types of entities that furnish FMS and the method of procuring these services:	
		Area Development Districts are contracted with a government agency (DAIL).	
	ii.	Payment for FMS. Specify how FMS entities are compensated for the activities that they perform:	
		FMS is compensated on a monthly basis per client that is still active in the program.	
	iii.	Scope of FMS. Specify the scope of the supports that FMS entities provide (<i>check each that applies</i>):	
		<i>Supports furnished when the participant is the employer of direct support workers:</i>	
		<input type="checkbox"/>	Assist participant in verifying support worker citizenship status
		<input type="checkbox"/>	Collect and process timesheets of support workers
		<input checked="" type="checkbox"/>	Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance
		<input type="checkbox"/>	Other (<i>specify</i>):

<i>Supports furnished when the participant exercises budget authority:</i>	
<input checked="" type="checkbox"/>	Maintain a separate account for each participant's self-directed budget
<input checked="" type="checkbox"/>	Track and report participant funds, disbursements and the balance-of participant funds
<input checked="" type="checkbox"/>	Process and pay invoices for goods and services approved in the service plan
<input checked="" type="checkbox"/>	Provide participant with periodic reports of expenditures and the status of the self-directed budget
<input type="checkbox"/>	Other services and supports <i>(specify):</i>
<i>Additional functions/activities:</i>	
<input checked="" type="checkbox"/>	Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency
<input type="checkbox"/>	Other <i>(specify):</i>
iv.	<p>Oversight of FMS Entities. Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.</p> <p>FMS entities are monitored on a quarterly and annual basis by the Department for Aging and Independent Living (DAIL).</p>

- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested *(check each that applies)*:

<input checked="" type="checkbox"/>	Case Management Activity. Information and assistance in support of participant direction are furnished as an element of Medicaid case management services. <i>Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the demonstration:</i>
	<p>The case management function for participants that wish to self direct is provided by the Regional Transition Team prior to transition and for the first six months after transition and by the Support Broker after the sixth month in the community. The Regional Transition Team or Support Broker assists the participant initially by providing information on CDO and assisting them in obtaining a budget and completing required paperwork. They assist the participant with developing their CDO plan based on the provided budget and identifying and hiring staff. They are responsible for monitoring the appropriate delivery of services, the appropriate utilization of prior authorized budget, services and units, and monitoring for the health, safety and welfare of the participant. They document participant progress or lack of progress in directing services and achieving goals. Weekly contact is required during the first six months and monthly thereafter or more frequently if warranted.</p>
<input checked="" type="checkbox"/>	Demonstration Service Coverage. Information and assistance in support of participant direction are provided through the demonstration service coverage (s) entitled: <div data-bbox="764 848 1500 995" style="border: 1px solid black; padding: 5px; display: inline-block;"> Home and Community Supports, Community Living Supports, Adult Day Social, Transportation, Adult Day Training and Respite. </div>
<input type="checkbox"/>	Administrative Activity. Information and assistance in support of participant direction are furnished as an administrative activity. <i>Specify: (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the demonstration; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:</i> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

k. **Independent Advocacy** (*select one*).

<input type="radio"/>	Yes. Independent advocacy is available to participants who direct their services. <i>Describe the nature of this independent advocacy and how participants may access this advocacy.</i> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<input checked="" type="radio"/>	No. Arrangements have not been made for independent advocacy.

l. **Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery

method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

Consumers may voluntarily terminate from CDO at any time for any reason. When termination is requested, the Regional Transition Team or Support Broker will complete all required forms and coordinate transition of services to a Traditional Waiver provider. The Regional Transition Team or Support Broker, as appropriate, will coordinate with a traditional Waiver provider to ensure a smooth transition from self direction to a traditional provider. Services will continue until transition into appropriate Medicaid waiver program.

- m. **Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

Support Brokers will offer consumers assistance with rectifying situations in which the budget is over spent or otherwise mismanaged by reaching a resolution agreement and developing a prevention or corrective action plan. If the budget and units exceeds the prior authorized monthly amount, the support broker and consumer will determine whether this is the result of a change in the participant's needs or mismanagement of the budget. In the event the participant's needs have changed and additional services are required, the support broker will refer the consumer for a new assessment, if appropriate. The support broker shall complete one of the following:

- Update the plan of care and submit a request for exceptional circumstances to the DAIL Commissioner as described in Policy 1004.04c.
- Develop a resolution and prevention plan if overspending is the result of mismanaging the monthly budget; or
- Recommend termination of the consumer from self directed and transfer to the traditional waiver provider.

If a resolution cannot be reached and corrected or safeguarded against, the Support Broker can make recommendation to the Commissioner of the Department for Aging and Independent Living that the Consumer be terminated from CDO participation. The Commissioner and designated staff will review the issues, attempts to reconcile, and appropriateness of corrective action approaches for a final resolution attempt; however, if the issue cannot be successfully resolved, the participant may be terminated from the CDO approach for directing their care and transitioned to the traditional provider model. The Regional Transition Team or Support Broker, as appropriate, will coordinate with a traditional Waiver provider to ensure a smooth transition from self direction to a traditional provider. Services will continue until transition to a traditional provider.

The Regional Transition Team or the Support Broker may initiate involuntary termination at any time and make such recommendation for review to the Commissioner of the Department for Aging and Independent Living. Reasons for termination include, but are not limited to:

- Consumer health or safety at risk;
- Consumer can no longer be served safely in the community;

- n. **Goals for Participant Direction.** In the following table, provide the State's goals for each year that the demonstration is in effect for the unduplicated number of demonstration participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their demonstration services.

Table E-1-n		
	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Demonstration Year	Number of Participants	Number of Participants
Year 1	4	
Year 2	6	
Year 3	6	
Year 4	6	
Year 5	6	

Participant Employer

- a. **Participant – Employer Authority** *(Complete when the demonstration offers the employer authority opportunity as indicated in Item E-1-b)*
- i. **Participant Employer Status.** Specify the participant's employer status under the demonstration. *Check each that applies:*

<input type="checkbox"/>	<p>Participant/Co-Employer. The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide demonstration services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions. <i>Specify the types of agencies (a.k.a., "agencies with choice") that serve as co-employers of participant-selected staff:</i></p>
<input checked="" type="checkbox"/>	<p>Participant/Common Law Employer. The participant (or the participant's representative) is the common law employer of workers who provide demonstration services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.</p>

- ii. **Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide demonstration services. *Check the decision making authorities that participants exercise:*

<input checked="" type="checkbox"/>	Recruit staff
<input type="checkbox"/>	Refer staff to agency for hiring (co-employer)
<input type="checkbox"/>	Select staff from worker registry
<input checked="" type="checkbox"/>	Hire staff (common law employer)
<input checked="" type="checkbox"/>	Verify staff qualifications
<input checked="" type="checkbox"/>	Obtain criminal history and/or background investigation of staff. Specify how the costs of such investigations are compensated:
	Area Agency on Aging and Independent Living pays the cost of criminal history or background check out the support broker fees.
<input checked="" type="checkbox"/>	Specify additional staff qualifications based on participant needs and preferences
<input checked="" type="checkbox"/>	Determine staff duties consistent with the service specifications
<input checked="" type="checkbox"/>	Determine staff wages and benefits subject to applicable State limits
<input checked="" type="checkbox"/>	Schedule staff
<input checked="" type="checkbox"/>	Orient and instruct staff in duties
<input checked="" type="checkbox"/>	Supervise staff
<input checked="" type="checkbox"/>	Evaluate staff performance
<input checked="" type="checkbox"/>	Verify time worked by staff and approve time sheets
<input checked="" type="checkbox"/>	Discharge staff (common law employer)
<input type="checkbox"/>	Discharge staff from providing services (co-employer)
<input checked="" type="checkbox"/>	Other (<i>specify</i>): Recommend goods and/or services to be included on the individualized Plan of Care

b. **Participant – Budget Authority** *(Complete when the demonstration offers the budget authority opportunity as indicated in Item E-1-b)*

- i. **Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Check all that apply.*

<input checked="" type="checkbox"/>	Reallocate funds among services included in the budget
<input checked="" type="checkbox"/>	Determine the amount paid for services within the State's established limits
<input checked="" type="checkbox"/>	Substitute service providers
<input checked="" type="checkbox"/>	Schedule the provision of services
<input checked="" type="checkbox"/>	Specify additional service provider qualifications
<input checked="" type="checkbox"/>	Specify how services are provided,
<input type="checkbox"/>	Identify service providers and refer for provider enrollment
<input type="checkbox"/>	Authorize payment for demonstration goods and services
<input checked="" type="checkbox"/>	Review and approve provider invoices for services rendered
<input type="checkbox"/>	Other <i>(specify):</i>

- ii. **Participant-Directed Budget.** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for demonstration goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

Each participant will be assessed for transition and a care plan will be developed that will specify the services and supports needed and the amount of services and supports needed. All non-medical, non-institutional services included in the Demonstration Service Array can be self-directed. The participant will indicate the desire to self-direct and what services they wish to direct. The participant will be given a budget based on the projected costs of those services for that participant if provided by a Traditional Waiver Provider minus 5%.

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

During the development of the Transition Plan, if the participant chooses to self direct some or all of their services, a budget will be developed using the method described in b. ii. The Transition Team will assist

the participant in developing a CDO plan based on this budget amount. Once the participant is in the community, if the projected amount of services or supports changes, the participant may request an adjustment of the budget amount. The Transition Team or Support Broker, as appropriate, will reassess the participant's needs and initiate a revised budget change based on the service increase or decrease.

iv. **Participant Exercise of Budget Flexibility.** *Select one:*

<input type="radio"/>	The participant has the authority to modify the services included in the participant-directed budget without prior approval. Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:
<input checked="" type="checkbox"/>	Modifications to the participant-directed budget must be preceded by a change in the service plan.

v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

Participants are responsible for adhering to the monthly budget and service units approved. They are responsible for reviewing the monthly budget report from the FMA to assure that expenditures are within the approved budget amount. Participants can contact the Regional Transition Team or Support Broker with questions or concerns. The support broker is responsible for reviewing the monthly budget report and the utilized units to help the consumer develop a resolution and prevention plan to address problems managing the monthly budget and units.

If the budget and units exceeds the prior authorized monthly amount, the support broker and consumer will determine whether this is the result of a change in the participant's needs or mismanagement of the budget. In the event the participant's needs have changed and additional services are required, the support broker will refer the consumer for a new assessment, if appropriate. The support broker shall complete one of the following:

- Update the plan of care and submit a request for exceptional circumstances to the DAIL Commissioner as described in Policy 1004.04c.
- Develop a resolution and prevention plan if overspending is the result of mismanaging the monthly budget; or
- Recommend termination of the consumer from self directed and transfer to the traditional waiver provider.

If the consumer's budget mismanagement has jeopardized his or her health and safety because of insufficient remaining monthly budget funds, the consumer must be immediately terminated from self directed and transferred to the traditional waiver provider. If a resolution and prevention plan does not resolve overspending problems, the consumer will be terminated from self-directed and transitioned to a traditional waiver provider. DAIL will require support broker agencies to develop a specific process to be used by each agency to assure a smooth and timely transition for consumers from self-directed to a

traditional provider.